

Case Number:	CM14-0172951		
Date Assigned:	10/23/2014	Date of Injury:	07/30/2013
Decision Date:	11/25/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old male with an injury date of 07/30/2013. Based on the 08/13/2014 progress report, the patient complains of cervical spine pain with radiation of pain down both upper extremities and some intermittent numbness and tingling sensations affecting both hands. He also has pain in his left lower back with numbness/tingling affecting the left lower extremity. In regards to the cervical spine, there is decreased flexion, extension, and bilateral bending/rotation. There is tenderness in the bilateral paracervical muscles as well as bilateral trapezius muscles. There is also tenderness in the bilateral rhomboid muscles and muscle spasms and trigger points in the bilateral paracervical muscles. There is decreased sensation in the bilateral ventral aspect of the thumb and first 2-1/2 digits. The patient has a positive bilateral Spurling's test. Lumbar spine also has decreased flexion, extension, and bilateral bending. There is tenderness in the left iliolumbar ligament and muscle spasms and trigger points in the left lumbosacral paraspinal muscles. There is decreased light touch sensation in the dorsal aspect of the left foot. He has a positive straight leg raise test at 40 degrees. The patient's diagnoses include the following: 1. Left lumbosacral strain. 2. Left lumbosacral radiculopathy. 3. Myofascial pain. 4. Bilateral cervical strain. 5. Bilateral cervical radiculopathy. 6. Question of bilateral cervical radiculopathy versus bilateral carpal tunnel syndrome. The utilization review determination being challenged is dated 10/15/2014. Treatment reports were provided from 08/13/2014, 08/27/2014, and 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-9.

Decision rationale: Based on the 09/17/2014 progress report, the patient complains of having cervical spine pain, left lower back pain. The request is for acupuncture 2 times 4 weeks. Review of the reports does not indicate if the patient has previously had any acupuncture sessions. MTUS Acupuncture Guidelines recommend an initial trial of 3 to 6 sessions of acupuncture. The current request is for 8 sessions of acupuncture, which exceeds the initial 3 to 6 trials recommended by MTUS. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. Recommendation is for denial.

Menthoderm Gel x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: According to the 09/17/2014 progress report, the patient complains of having cervical spine pain as well as left lower back pain. The request is for Mentoderm gel x2 p.r.n. numbness. Mentoderm gel contains Methyl Salicylate 15% and Menthol 10%. On page 111, under topical analgesics, MTUS gives a general statement about compounded products; "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." MTUS has support for Methyl Salicylate under the Topical Salicylate section, but does not specifically discuss menthol. Topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short-term. This patient has cervical spine pain as well as left lower back pain, for which topical NSAIDs are not indicated. The patient does present with CTS but the treater does not mention how this topical is being used and with what efficacy. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. Due to lack of documentation, recommendation is for denial. This patient has cervical spine pain as well as left lower back pain, for which topical NSAIDs are not indicated. The patient does present with CTS but the treater does not mention how this topical is being used and with what efficacy. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. Due to lack of documentation, recommendation is for denial.